

## **QUALIFIED TRANSPORTATION FRINGE BENEFITS (QTFB) REIMBURSEMENT CLAIM FORM**

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### **PLEASE READ THIS BEFORE SUBMITTING YOUR CLAIM FORM**

Your claim is important, but in order for us to process it and your reimbursement quickly, we need you to completely and accurately fill out and submit the Qualified Transportation Fringe Benefits (QTFB) Reimbursement Claim Form. To help you, we've provided the guidelines below. Please follow them when completing and submitting your claim.

#### **Tips for Completing the Reimbursement Claim Form**

- Read every section and provide all requested information pertaining to you and your claim.
- Provide your legal name, not your nickname.
- Provide your State of Michigan employee ID number.
- Be sure to complete a separate box for each month when filling in your claim information (e.g. \$120 for January, \$150 for February). Do not submit an annual amount or date range.
- Make sure you sign and date the form.

#### **Things to Remember When Including Substantiating Documentation**

- Include documentation for every expense (e.g., receipts, credit card or bank statements).
- Documentation must include the vendor name, dollar amount being claimed and date(s) of service.
- Do not send original receipts; save them for the IRS.
- If you attach multiple pages, circle or check the dollar amount that is being claimed for each expense.
- Do not use a highlighter to highlight the dollar amount on the receipt.

#### **How to Submit the Reimbursement Claim Form**

Fax: (517) 373-3174

Or mail the completed form and receipts to:

State of Michigan  
Civil Service Commission  
Employee Benefits Division  
P.O. Box 30002  
Lansing, Michigan 48909

Questions: 1-800-505-5011

## QUALIFIED TRANSPORTATION FRINGE BENEFITS (QTFB) REIMBURSEMENT CLAIM FORM

**Instructions:** Complete this form to request a reimbursement for QTFB expenses.

- Sign and date the form, and retain a copy for your records.
- Do not send original receipts; save them for the IRS.
- Do not submit an annual amount or date range.
- Complete a separate box for each month and type of claim that you are requesting a reimbursement for (e.g., Claim Box 1: \$120 for January - Parking Meter, Claim Box 2: \$150 for January - Lot/Ramp, Claim Box 3: \$130 for February - Parking Meter).

<b>Employee Name:</b>	<b>Employee ID Number:</b>	<b>Day Time Phone Number:</b>
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<b>Claim 1</b> ____/____ Claim Month (MM/YY) \$ _____ Out-of-Pocket Cost	<b>Select the box below that applies to your expense.</b> <input type="checkbox"/> Parking Meter      Number of days at meter: _____ <input type="checkbox"/> Lot / Ramp <input type="checkbox"/> Receipt(s) Included <input type="checkbox"/> Vanpool ridership fee (MichiVan only)	<b>Claim 2</b> ____/____ Claim Month (MM/YY) \$ _____ Out-of-Pocket Cost	<b>Select the box below that applies to your expense.</b> <input type="checkbox"/> Parking Meter      Number of days at meter: _____ <input type="checkbox"/> Lot / Ramp <input type="checkbox"/> Receipt(s) Included <input type="checkbox"/> Vanpool ridership fee (MichiVan only)
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<b>Claim 3</b> ____/____ Claim Month (MM/YY) \$ _____ Out-of-Pocket Cost	<b>Select the box below that applies to your expense.</b> <input type="checkbox"/> Parking Meter      Number of days at meter: _____ <input type="checkbox"/> Lot / Ramp <input type="checkbox"/> Receipt(s) Included <input type="checkbox"/> Vanpool ridership fee (MichiVan only)	<b>Claim 4</b> ____/____ Claim Month (MM/YY) \$ _____ Out-of-Pocket Cost	<b>Select the box below that applies to your expense.</b> <input type="checkbox"/> Parking Meter      Number of days at meter: _____ <input type="checkbox"/> Lot / Ramp <input type="checkbox"/> Receipt(s) Included <input type="checkbox"/> Vanpool ridership fee (MichiVan only)
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<b>Claim 5</b> ____/____ Claim Month (MM/YY) \$ _____ Out-of-Pocket Cost	<b>Select the box below that applies to your expense.</b> <input type="checkbox"/> Parking Meter      Number of days at meter: _____ <input type="checkbox"/> Lot / Ramp <input type="checkbox"/> Receipt(s) Included <input type="checkbox"/> Vanpool ridership fee ( MichiVan only)	<b>Claim 6</b> ____/____ Claim Month (MM/YY) \$ _____ Out-of-Pocket Cost	<b>Select the box below that applies to your expense.</b> <input type="checkbox"/> Parking Meter      Number of days at meter: _____ <input type="checkbox"/> Lot / Ramp <input type="checkbox"/> Receipt(s) Included <input type="checkbox"/> Vanpool ridership fee (MichiVan only)
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<b>Claim 7</b> ____/____ Claim Month (MM/YY) \$ _____ Out-of-Pocket Cost	<b>Select the box below that applies to your expense.</b> <input type="checkbox"/> Parking Meter      Number of days at meter: _____ <input type="checkbox"/> Lot / Ramp <input type="checkbox"/> Receipt(s) Included <input type="checkbox"/> Vanpool ridership fee (MichiVan only)	<b>Claim 8</b> ____/____ Claim Month (MM/YY) \$ _____ Out-of-Pocket Cost	<b>Select the box below that applies to your expense.</b> <input type="checkbox"/> Parking Meter      Number of days at meter: _____ <input type="checkbox"/> Lot / Ramp <input type="checkbox"/> Receipt(s) Included <input type="checkbox"/> Vanpool ridership fee (MichiVan only)
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**Note: Receipts are required for Parking Lot/Ramp expenses and Vanpool ridership fee ([MichiVan](#) only).**

**Receipts are not required for parking meter expenses unless they are received in the normal course of business.**

My signature certifies that:

1. The information on this page is accurate and complete.
2. I am requesting reimbursement for my own personal expenses.
3. The parking costs claimed were incurred while in work status.
4. I have not and will not seek reimbursement of this expense from any other plan or party.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail the completed form and receipts to the address on the top of page one, OR  
fax the completed form and receipts to **1-517-373-3174**.

Questions: **1-800-505-5011**